

January 14, 2008

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

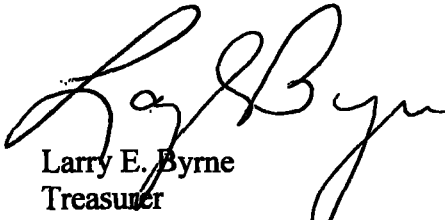
RECEIVED
FEC MAIL CENTER
2008 FEB -4 AM 10: 23

To Whom It May Concern:

I am filing an amended Statement of Organization FEC 1, for the Byrne for Congress Committee. The FEC identification number for this campaign is C00440909.

The only change is my replacement as Treasurer by Bruce Neilson. Everything else remains the same. I have enclosed a revised Statement of Organization for the Byrne for Congress Committee.

Thank you:



Larry E. Byrne
Treasurer
Byrne for Congress Committee.

288271962082

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BYRNE FOR CONGRESS

ADDRESS (number and street)

P.O. Box 126112

(Check if address is changed)

Faithful Church

VA

22101-1212

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

BYRNE@FAITHFULCHURCHVA.COM

WWW.FAITHFULCHURCHVA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FAITHFULCHURCHVA.COM

COMMITTEE'S FAX NUMBER

(703) 534-1712

2. DATE

01/12/2008

3. FEC IDENTIFICATION NUMBER

C0040909

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Laura E Byrne

Signature of Treasurer

Laura E Byrne

Date

01/12/2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

28039614784

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Keshive L Byrne

Candidate Party Affiliation Dem Office Sought: House Senate President State VA District 11

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C
5. _____ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

LARRY E BURME

Mailing Address

PO Box 26112

[Empty grid lines for mailing address]

FALLS CHURCH VA 22044

CITY

STATE

ZIP CODE

Title or Position

ADMISSION

Telephone number

703-836-9912

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

BRUCE NEILSON

Mailing Address

PO Box 26112

[Empty grid lines for mailing address]

FALLS CHURCH VA 22044

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

703-323-0457

28039614786

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BRANCH BANKING & TRUST CO

Mailing Address

310112 ANNAPOLIS ROAD

[Grid for Mailing Address Line 2]

FALLS CHURCH

VA

220112

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

B

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

CITY

STATE

ZIP CODE

28039614787

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>1/30/08</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jms
 PREPARER

2/4/08
 DATE PREPARED

28039514788